



Andep
INVESTMENT CONSULTANCY

OFFICE USE ONLY: SCAN | SAVE | SHRED

APPOINTMENT:

TYPE:

Basic Information

Last Name(s):

Email:

**Primary Contact
Phone Number:**

Street Address:

Suburb:

State:

Post Code:

**Have you already made an
appointment with Andep?**

Couple?

No (we will contact you)

Yes

How can we help you?

Superannuation

Retirement planning

Insurance

Investing

Borrowing

Estate planning

Social security advice

Tax advice

What are your main reasons for seeking advice?

**Do you have any specific investment objectives and/or preferences
(e.g. you want to save for retirement, you prefer investing in
residential property or prefer ethical investing)**

How did you hear about us?

Property and Investments

Do you have a family trust?

Yes No

Do you have a self managed superannuation fund SMSF?

Yes No

Are you a home owner?

Principal home value estimate

Principal home outstanding mortgage

Principal home offset balance (if any)

Investment property value (if applicable)

Investment property mortgage (if applicable)

Amount of other non tax deductible outstanding debts (e.g. credit cards, personal loans, HECS etc.)

Approximate total value of investments (excluding superannuation and properties)

Amount of any other tax deductible (e.g. investment) debts

Please describe any non-superannuation investments you currently have (e.g. shares property etc.)

Do you have any carried forward tax losses or credits?

Risk Tolerance

For how long would you expect most of your money to be invested before you would need to access it?

- Less than 12 months
- 1 to 3 years
- 3 to 5 years
- 5 to 7 years
- Longer than 7 years

Given current interest rates and inflation what long term gross return do you reasonably expect per annum from your investments?

- 1-3%
- 4-6%
- 7-9%
- Greater than 9%
- Don't know

If you made a long term investment of \$100,000 how much of a loss in a single year would you tolerate before selling?

- 5% (\$5,000)
- 10% (\$10,000)
- 20% (\$20,000)
- 30% (\$30,000) or more
- I would not sell investments based on a single year loss

What action would you take if your investments lost value over a two to three year period?

- Sell my investments
- Move investments to a more conservative portfolio
- Transfer my investments to another manager I believed to be more skilled
- Maintain my present long-term strategy
- Develop a more aggressive strategy to cover my losses

Investing involves a trade-off between risk and return. Which statement best describes your investment goals?

- Protect the value of my account- willing to accept lower returns provided by conservative investments
- Keep risk to a minimum but try to achieve slightly higher returns than a conservative investment
- Balanced- moderate risk and moderate returns
- Willing to take on moderate to high investment risks to try and achieve a higher level of return
- Maximise long-term investment returns- willing to accept sometimes large fluctuations in investment value

I am comfortable with investments that may fall significantly at times if there is a potential for higher returns.

- Strongly disagree
 - Disagree
 - Neither agree or disagree
 - Agree
 - Strongly agree
-

Dependents

Do you have any dependents or expect to have any in future?

Yes No

Number of dependents currently:

Number of new dependents expected in future:

Date you expect the last dependent will be dependent until:

Do you have the intention to pay for private school or university for any of your dependents? If so, please provide details of your intentions.

Individual Information

(if you are single only complete "older person's details")

Older Person's Details

Older person's title

Older person's first name

Last name

Older date of birth (if comfortable providing) otherwise just enter birth year

Older sex

Older mobile number

Older person's email

Older has an up to date:

Will

Power of attorney

Superannuation binding death benefit nomination

None up to date

Older Health

Details of illness that may affect insurability?

Older Employment Status

Older Occupation

Older Annual Salary/Work Related Income

Older Other Annual Income (i.e Investment income, Government entitlements)

Older Nature of Other Income

Older Currently Salary Sacrificing to Superannuation

Yes No

How Much Does the Older Person Sacrifice per Financial Year

Older Date Joined Employer

**Older Planned Retirement Date
(Known or Estimated)**

Older Number of Weeks of Sick Leave

Younger Person's Details

Younger person's title

Younger person's first name

Last name

Younger date of birth (if comfortable providing) otherwise just enter birth year

Younger sex

Younger mobile number

Younger person's email

Younger has an up to date:

Will

Power of attorney

Superannuation binding death benefit nomination

None up to date

Younger Health

Details of illness that may affect insurability?

Younger Employment Status

Younger Occupation

Younger Annual Salary/Work Related Income

Younger Other Annual Income (i.e Investment income, Government entitlements)

Younger Nature of Other Income

Younger Currently Salary Sacrificing to Superannuation

Yes

No

How Much Does the Younger Person Sacrifice per Financial Year

Younger Date Joined Employer

**Younger Planned Retirement Date
(Known or Estimated)**

Younger Number of Weeks of Sick Leave

Superannuation Account 1

Applicable Person

Fund Name

Account Type

Account Balance

Investment Option/Description of Investments

Superannuation Account 2

Applicable Person

Fund Name

Account Type

Account Balance

Investment Option/Description of Investments

Superannuation Account 3

Applicable Person

Fund Name

Account Type

Account Balance

Investment Option/Description of Investments

Superannuation Account 4

Applicable Person

Fund Name

Account Type

Account Balance

Investment Option/Description of Investments

**Please email any superannuation documents or accounts you couldn't fill here
to admin@andep.com.au**

Insurance Policy 1

Insurance Type

Term (if applicable):

Sum Insured

Insured Person

Insurer Name

Ownership

Annual Premium

Waiting Period (if applicable)

Remarks

Insurance Policy 2

Insurance Type

Term (if applicable):

Sum Insured

Insured Person

Insurer Name

Ownership

Annual Premium

Waiting Period (if applicable)

Remarks

Insurance Policy 3

Insurance Type

Term (if applicable):

Sum Insured

Insured Person

Insurer Name

Ownership

Annual Premium

Waiting Period (if applicable)

Remarks

Insurance Policy 4

Insurance Type

Term (if applicable):

Sum Insured

Insured Person

Insurer Name

Ownership

Annual Premium

Waiting Period (if applicable)

Remarks

Insurance Policy 5

Insurance Type

Term (if applicable):

Sum Insured

Insured Person

Insurer Name

Ownership

Annual Premium

Waiting Period (if applicable)

Remarks

Insurance Policy 6

Insurance Type

Term (if applicable):

Sum Insured

Insured Person

Insurer Name

Ownership

Annual Premium

Waiting Period (if applicable)

Remarks

Please email any insurance documents or accounts you couldn't fill here to admin@andep.com.au

Submit Information

[FSG](#)

Have you read our FSG? Please click the link above to view our FSG.

Yes No

Is there anything else about your situation, not covered above, that you think we should know?

What fee structure would you like to use for our appointment?

Thank you for filling out our Client Appreciation Form
Please email the completed form and any documents to admin@andep.com.au